

# 12<sup>th</sup> Anniversary

of the

## Jim O'Malley Memorial Golf Tournament

**Title Sponsor:** *Paul Sabella & Pathfinders Payment Solutions*

**Monday October 6th, 2014**  
**Played at Waverly Woods Golf Club**  
**410-313-9182**

Proceeds Benefiting  
the Sidney Kimmel  
Comprehensive Cancer  
Center at Johns Hopkins

## Schedule of Events

### **Monday, October 6<sup>th</sup> 2014**

- 9:30** Registration  
Range and Putting Green Open
- 11:00** Shotgun Start  
Captain's Choice
- 5:00** Dinner, Awards  
Presentation of the  
Jim O'Malley Championship Cup

### **Golfers Amenities**

- Greens Fees, Cart & Bag Service  
Complimentary Range Balls  
Donuts and Coffee  
Lunch, Dinner & Beverages
- Goody Bag with Golf Merchandise  
Tournament Winner's Prizes  
19th Hole Putting Contest
- Closest to Pin Contest  
Longest Drive Contest  
Picture of Your Foursome



## About the Jim O'Malley Memorial Golf Tournament...

Jim O'Malley, a community leader, devoted husband and father, passed away in the spring of 2003 after a long and truly courageous fight with acute myeloid leukemia. Now, in his memory, family and friends of Jim O'Malley gather together for a great cause.

In the last eleven years the Jim O'Malley Charitable Foundation has raised over \$305,000 to help the fight against Leukemia and Lymphoma. All proceeds from the O'Malley Memorial Golf Tournament will support leukemia research and patient care initiatives at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins.



**THE SIDNEY KIMMEL  
COMPREHENSIVE CANCER CENTER  
AT JOHNS HOPKINS**

# Registration Form

## Sponsorship Opportunities

<input type="checkbox"/> <b>\$5,000 Title Sponsor</b>	Title Sponsors receive waived registration fees for four (4) golfers, promotion in tournament brochure, signage @ registration/reception, sponsorship of two golf holes, presents tournament proceeds during a ceremony at the Sidney Kimmel Cancer Center at Johns Hopkins Hospital
<input type="checkbox"/> <b>\$2,500 Gold Sponsor</b>	Gold Sponsors receive waived registration fees for two (2) golfers, signage at two (2) holes, promotion in tournament program, signage at the tournament
<input type="checkbox"/> <b>\$2,000 Dinner Sponsor</b>	Dinner Sponsors receive promotion in tournament program, signage at the dinner buffet table
<input type="checkbox"/> <b>\$1,250 Silver Sponsor</b>	Silver Sponsors receive waived registration fees for one (1) golfer, promotion in tournament program, tournament signage
<input type="checkbox"/> <b>\$1,000 Lunch Sponsor</b>	Lunch Sponsors receive promotion in tournament program, signage at the lunch grill/buffet
<input type="checkbox"/> <b>\$500 Bronze Sponsor</b>	Bronze Sponsors receive recognition in tournament program
<input type="checkbox"/> <b>\$150 Hole Sponsor</b>	Hole Sponsors will have a sign posted at one (1) hole in their honor
<input type="checkbox"/> <b>Gift/Merchandise</b>	Please accept the enclosed gift or merchandise for the silent auction and/or on-course prizes
<input type="checkbox"/> <b>Donation</b>	Please accept the enclosed donation

### Sponsorship Registration

(Please check the box above that corresponds to your level of sponsorship)

Company/Organization Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Catered by:



### Golf Registration - \$150 per Person (Golf Registration Includes Dinner)

(First 132 Golfers Registered Will Be Received)

\*If Registering a Team, 1st Name Below = Team Captain

	Name	Phone	Email Address	Shirt Size
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

### Non Golfers Dinner - \$25 per Person

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Return this form along with checks made payable to:

**Jim O'Malley Charitable Foundation, Inc.**  
C/O Jack Temple  
7001 Bright Memory Drive  
Columbia, MD 21044

Contact: Jack Temple (301) 596-9972  
omalleygolftournament@gmail.com

### Credit Card Information (Accepted for Registration)

Credit Card Type: \_\_\_\_\_

Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Total To Be Charged: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Contributions are deductible to the extent of the law